

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90247 038 ****50.00

DOCUMENT # L99000006257

1. Entity Name

PROGRESS INTERNATIONAL TRADING, L.L.C.

Principal Place of Business

**2244 NW 21 TERR
MIAMI FL 33142**

Mailing Address

**2244 NW 21 TERR
MIAMI FL 33142**

905462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0937225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VISHNIA, DAVID
2234 NW 22 CT
MIAMI FL 33142**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WASERSTEIN, REBECA G
1465 WEEPING WILLOW WAY
HOLLYWOOD FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3197 N.E. 211 TERRACE
AVENTURA FL 33180** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WISHNIA, DAVID
1465 WEEPING WILLOW WAY
HOLLYWOOD FL 33019** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3197 N.E. 211 TERRACE
AVENTURA FL 33180** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GOLDWASER, RACHELE T
100 METERS NORTH RESTAURANT
PAVAS, COSTA RICA** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

01/09/2002 305-637-9830

CR2E083 (9/01)